
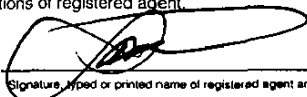
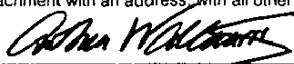


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90239 022 ****61.25

DOCUMENT # N01000007282 1. Entity Name BROWARD HEART SPECIALISTS, INC.					
Principal Place of Business 303 SE 17TH STREET FORT LAUDERDALE, FL 33316				Mailing Address 303 SE 17TH STREET FORT LAUDERDALE, FL 33316	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-1145816	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHERER, WILLIAM R 633 S. FEDERAL HWY. FORT LAUDERDALE, FL 33301			Name LAURA SEIDMAN Street Address (P.O. Box Number is Not Acceptable) 303 SOUTHEAST 17TH STREET City FORT LAUDERDALE FL Zip Code 33306		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TROWER, WIL	NAME			
STREET ADDRESS	303 SE 17TH ST	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURTON, BOB L	NAME			
STREET ADDRESS	303 SE 17TH ST	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALLACE, ART	NAME			
STREET ADDRESS	303 SE 17TH ST	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CITRIN, STACY	NAME			
STREET ADDRESS	303 SE 17TH ST.	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHARMA, ASHOK K	NAME			
STREET ADDRESS	303 SE 17TH STREET	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNIGHT, MARK T	NAME			
STREET ADDRESS	303 SE 17TH STREET	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:  May 1, 2006 954 355 4524 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					